

NATIONAL JOINT REGISTRY STEERING COMMITTEE (NJRSC)**MINUTES**

Meeting:	NJR Steering Committee		Date: Tuesday 24 th January 2012
Location:	Burroughs Room, Wellcome Collection, 183 Euston Road, London, NW1 2BE		
Members Present:	Laurel Powers-Freeling	LPF	Chair
	Prof Paul Gregg	PG	Vice Chair / Orthopaedic Surgeon
	Mick Borroff	MB	Orthopaedic Device Industry Representative
	Dr Crina Cacou	CC	MHRA
	Mary Cowern	MC	Patient Representative
	Dr Jean-Jacques de Gorter	JG	Independent Healthcare Sector Representative
	Prof Alex Macgregor	AM	Public Health & Epidemiology
	Sue Musson	SM	Patient Representative
	Carolyn Naisby	CNa	Practitioner with Special Interest in Orthopaedics
	Martyn Porter	MPo	Orthopaedic Surgeon
	Andy Smallwood	ASma	NHS Procurement Representative
	Keith Tucker	KT	Orthopaedic Surgeon
	Andrew Woodhead	AW	NHS Management Member
Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Rebecca Beaumont	RBe	NJR Communications Lead, Healthcare Quality Improvement Partnership (HQIP)
	Ashley Blom	AB	Bristol
	Alex Henderson	AH	Committee Administrator, HQIP
	Peter Howard	PH	Chair, NJR Regional Clinical Co-ordinators' Network
	Robin Rice	RR	Welsh Government Representative
	Mike Robinson	MR	Research Officer (NJR), HQIP
	Mike Swanson	MS	NJR Principal Consultant, Northgate
	Melissa Wright	MW	Development Officer (NJR), HQIP
	Elaine Young	EY	National Development Lead, HQIP
Apologies:	Robin Burgess	RBu	Chief Executive Officer, HQIP
	Dean Sleigh	DS	Orthopaedic Device Industry Representative

REF	ITEM	ACTION
1.	Welcome and Apologies for Absence LPF opened the meeting and welcomed Jean-Jacques de Gorter (Independent Healthcare Sector Representative) and Rebecca Beaumont (NJR Communications Officer, HQIP) to their first meeting. Ashley Blom was welcomed as a regular attendee. Apologies were noted.	
2.	Minutes of the previous meeting held 25th October 2011 The minutes were accepted as a true and correct record.	
3.	Matters Arising (not appearing elsewhere on the agenda)	
	3.1. Access to HES Data: NJR and Information Centre (IC) [previous minute ref: 3.3] There was no further development since the previous NJRSC. The IC had apologised for their delayed response. An update should be available at the next NJRSC.	EY
	3.2. NJR Data for Care Quality Commission (CQC) Quality and Risk profile [previous minute ref 3.5] Noted: Currently waiting for the CQC to send through the indicators for review. A timeline for publication would be requested by HQIP.	HQIP
	3.3. NJR data for publication on NHS Choices [previous minute ref: 3.6] Noted: Currently waiting to receive the indicators from NHS Choices for review. HQIP would request a timeline for publication.	HQIP
	3.4. Compliance with NJR vs. HES – private sector issue [previous minute ref 4] PH confirmed that a disclaimer would be included in the Annual Clinical Reports to state that compliance rates may be inaccurate due to NHS patients being exported to the independent sector. At the recent Data Quality meeting it was agreed that Trusts would be requested annually to check the data that the NJR held for them. Trust CEO's would be asked to confirm a named individual to be responsible for completion of Trust returns. This would initially be piloted through the RCC's at the end of March. Agreed: Northgate and PH would produce an outline of the project and the process involved, and would circulate to NJRSC members.	Northgate/ PH
	3.5. National Orthopaedic Research Strategy [previous minute ref 8] Noted: A meeting with the NJR, British Orthopaedic Association (BOA) and Arthritis Research UK (ARUK) had been scheduled for 15 th May to discuss the national research agenda and common research schemes. It was confirmed that the NJR would continue with its own research strategy. Regarding the issue of Metal on Metal, CC confirmed that guidance was already in the public domain. However, it was not possible for the MHRA to issue an alert until the MHRA Expert Group had reviewed and given their advice. Agreed: The Research Sub-Committee would produce its strategy and list of priorities ahead of the National Orthopaedic Research Strategy meeting in May.	AM
	3.6. Quarterly Management Report (QMR) [previous minute ref 13] Noted: The NJR website statistics and unit performance table, requested at the previous NJRSC, were finalised, and would be circulated.	HQIP
4.	NJRSC Structure and Governance Review Members were informed that they would be contacted in the near future as part of a consultation on revised NJRSC structure and governance arrangements.	
5.	NJR Economic Model Members were informed that an audit of the current levy arrangements had been concluded and would inform further review of the NJR economic model. A working group would be convened to consider proposals in more detail and the NJRSC would be kept	HQIP

	<p>updated.</p> <p><u>PIP breast implant alert</u> It was noted that the recent breast implant alert, had highlighted the need to establish a registry to monitor these and other kinds of implant and the DH may be interested in using the NJR as a possible template, including any revised economic model.</p>	
6.	<p>NJR Strategic Plan 2012/14 The draft strategic plan was reviewed, with thanks noted to EY and RA for the work they had put into the document. The following suggestions were made:</p> <p>a) Mission Statement</p> <ul style="list-style-type: none"> - 'Patient safety' to be moved to the beginning of the paragraph; - 'Quality and cost effectiveness' statement to be included; - Reference to the NJR being a 'dynamic, continuous drive to improve quality'; - Joints would not be individually listed, but collectively referred to as 'joints'. <p>b) Purpose of the NJR – Goals</p> <ul style="list-style-type: none"> - G3: replace 'surgical techniques' with 'surgical practice'; - G4: 'and quality of experience' would be added to the sentence and reference to engaging with patient organisations would be made; - G5: insert 'quality and' before 'cost effectiveness'; - G6: Reword to provide clarification with G1. <p>c) Strategic Themes</p> <ul style="list-style-type: none"> - To reorder/renumber to put 'improve patient safety/quality' at the top; - Additional clarification required for some themes; - S3 – Wording to be amended to reflect mandation; - S7 – Change 'improve patient safety' to 'improve patient quality'; - S8 – Clarify reference to cost effectiveness; - Update Table 2.2 and remove draft numbering in brackets. <p>Agreed:</p> <ul style="list-style-type: none"> • Members to send any further comments/suggestions to EY by 7th February, and recommend their top 3 projects per strategic theme. • EY and RA would make the suggested recommendations for the next NJRSC and provide draft costs for review. 	<p>All EY/RA</p>
7.	<p>Incorporation of Elbow and Shoulder joints MW reported that the British Elbow and Shoulder Society (BESS) were extremely concerned that their request for increased funding to include shoulder PROMs was declined at the previous NJRSC as they felt that it would result in non-compliance with the registry by shoulder surgeons, and that due to the lack of revision surgery for shoulders, removing the PROMs element would not enable adequate monitoring of clinical performance. RA would review the costs and give a revised estimate. KT would liaise with BESS and write an update paper for the next NJRSC. MW confirmed that the NJR was due to go live with elbow and shoulder joints from 1st April 2012.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Pre-operative scores for elbow and shoulder joints would be collected as a pilot study. • KT to meet with meet with BESS and report back to the NJRSC for further consideration of the inclusion of shoulder PROMs • RA to revise the costs associated with providing shoulders PROMs 	<p>KT RA</p>
8.	<p>Geographical extension of the NJR</p>	
	<p>8.1. Northern Ireland (NI) EY reported that NI had formally confirmed that they would like to participate in the NJR and work would now commence to consider the operational implications and timescales.</p>	<p>HQIP / Northgate</p>

	The area covered by the Regional Coordinators for the North West would be extended to include NI.	
	<p>8.2. Republic of Ireland (ROI) EY reported that she and MS had attended a constructive meeting in Dublin on 13th December, and that the ROI were keen to join the NJR. Two options were discussed: i) The ROI join the NJR as per the current set up, so the issue of patient identifiers would need to be overcome; ii) The ROI set up their own Patient Reported Outcomes Measures study, using the questionnaires used in the UK (this option favoured by the ROI). A patient record would be created at this point. The issue of Intellectual Property Rights had not yet been addressed, and confirmation was required from the Information Governance Board as to whether the data would need to be kept separately. Agreed: HQIP and Northgate would liaise with the ROI and keep the NJRSC updated on progress.</p>	HQIP / Northgate
	<p>8.3. Channel Islands EY reported that Guernsey and Jersey independently were very keen to join the NJR. EY had discussed with Guernsey the possibility of having a service level agreement and helping them collect data. Agreed: EY/RA would arrange a teleconference with Guernsey and Jersey to discuss further and report to the next NJRSC meeting.</p>	EY/RA
9.	<p>Data Governance: Access, Use and Sharing of NJR Data EY thanked members for comments received on the draft policy circulated before Christmas. She stated however, that HQIP was also putting together a data sharing agreement which the NJR should comply with, using appendices which would apply specifically to the NJR. Agreed: This document would be forwarded to the NJRSC for final comment after which it would be implemented.</p> <p>Attention was also drawn to the wider issue of sharing data with other international regulators which required further consideration.</p>	EY/All
10.	<p>NJR Health Economics: Cost Effectiveness Analysis EY and RA were invited to attend a meeting of the Quality Innovation Productivity and Prevention (QIPP) Orthopaedic Procurement Group on 19th December to present on how the NJR could facilitate cost effectiveness analyses that would fit with the aims of the DH strategy for orthopaedic product procurement. This presentation was shown to the NJRSC. Noted that QIPP funding may be available from the DH to support the NJR in developing their proposed cost effectiveness system, and Northgate had estimated a development cost of £150,000 with minimum ongoing costs. There were varied views and suggestions as to how the analysis could be improved, and it was noted that the outcome measures did not entirely reflect all costs following a procedure, but it was agreed to support the proposal which demonstrated a valuable use of NJR data and that AM and AB would provide support to RA in refining the indicators.</p> <p>PG stated that he was co-author of a paper produced by Jan van der Meulen on this topic, and he would forward the paper to AM for the Research Sub-Committee to review, as per research protocols.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • The NJR would volunteer to have a representative on the QIPP Orthopaedic Procurement Group, which was felt to be important as NJR data would be used. • EY/RA would keep the NJRSC informed about progress with this initiative and possible QIPP funding. • RA would review the proposal to reflect member views and liaise with AB and AM. 	<p>PG</p> <p>EY/RA</p> <p>EY/RA</p> <p>RA</p>

11.	<p>Clinician Feedback System PH reported that the Clinician Feedback System website was not being refreshed frequently. The BOA advised surgeons to use the system for appraisals, but without a regular refresh this would not be feasible. RA apologised for the delay explaining update was reliant on the Component Management and Management Feedback projects providing an automated refresh process and assured the committee that an update should be made by 17th February, with quarterly updates thereafter. The revised outlier methodology would not be included in the update as it was a specific development project.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Northgate would produce a service level agreement and updated timetable for refreshing the system on a quarterly basis, and consider how monthly updates could be made in the future. • RA and PH would liaise to discuss including HES linkage for hips on the system. 	Northgate RA/PH
12.	<p>NJR Finance Report: Q3 2011/12 The Q3 finance report was received and noted. LPF stated that there was improvement on the previous format of the report but felt that it required further work. LPF and EY would discuss how the report would be reformatted at their meeting the following week.</p>	LPF/EY
13.	<p>NJR Levy Rate 2012/13 Agreed: The NJRSC approved that the levy rate would remain at £20 (gross) for 2012/13. HQIP would inform the DH.</p>	HQIP
14.	<p>Updates from the NJR Sub-Committees</p>	
	<p>14.1. Regional Clinical Co-ordinators Network <u>a) Minutes</u> The minutes of the previous NJR RCC meeting held 8th December 2011 were received. PH highlighted an issue being looked into by Northgate, regarding a surgeon undertaking a PF knee replacement followed by a planned Unicondylar knee replacement. Both procedures were being recorded as primary procedures in the NJR</p> <p><u>b) Meetings</u> Agreed: RCC meetings would reduce from four to three meeting per year.</p>	
	<p>14.2 Outlier Sub-Committee (Surgeon Data) a) The minutes of the previous Outlier meeting held 8th December 2011 were received.</p> <p><u>b) NJR Annual Clinical Report to Hospitals</u> PG reported that the sub-committee had finalised the methodology and letters for the process of providing Annual Clinical Reports to Trusts. The Care Quality Commission would be involved in the escalation process of non-responding Trusts, and the DH would be copied into this correspondence. RR would advise EY of how the escalation process would work for Wales. ASma confirmed that he had been in contact with David Sissling, CEO NHS Wales, and confirmed that from April 2012 the NJR would be mandatory in Wales. David Sissling would be approached regarding the implementation of the Annual Clinical report process in Wales. Further discussion was required to agree how the process would work for the private sector. Northgate were making final amendments to the format of the Clinical Report which would be reviewed by PG, EY and others before being signed off. PG would prepare a paper outlining the process for the NJR/BOA meeting on 27th February, and the process would also be mentioned during NJR sessions at the BHS meeting on 2nd March and BASK meeting on 3rd – 4th April.</p>	RR ASma/EY JG/EY/PG PG Surgeons
	<p>14.3. Implant Performance Sub-Committee <u>a) Implant Performance meeting held 8th December 2011.</u> KT highlighted an issue of the font size on component boxes being too small, increasing</p>	

	<p>the risk of the wrong sized component being used by accident due to the surgeon misreading the box label.</p> <p>Agreed: Northgate would investigate the number of incidents where the wrong sized component was being used and alert the NJRSC if there did seem to be a problem.</p> <p><u>b) Scrutiny Group Update</u> Two implants had been identified as 'level 1' and six implants as 'level 2'. Letters were being sent to the companies involved.</p> <p><u>c) Mixing and Matching of components</u> This issue was raised at the sub-committee meeting and the NJRSC reviewed a paper produced by KT, Martin Pickford and Claire Newell outlining seven types of mixing and matching identified in the NJR database. KT clarified that the title for point 5 in the distributed paper should actually refer to 'metal' and not 'ceramic' heads. The mix and match issue appeared to be an educational one whereby the surgeons conducting this surgery were probably not aware of the potential risks. There were strong varying views from the NJRSC on this issue.</p> <p>Agreed: EY would formally write to Bristol requesting them to produce a cost analysis and draft timeline for a study into mixing and matching.</p> <p><u>d) MHRA/BOA/NJR Collaboration</u> KT reported that following the initial workshop on 4th November to consider the pre and post market regulation and surveillance of new implants, a concept of having a group that worked with implant developers from the drawing board had been presented to the Association of British Healthcare Industries (ABHI). KT would keep the NJRSC updated.</p>	<p>Northgate</p> <p>EY</p> <p>KT</p>
	<p>14.4. Editorial Board</p> <p><u>a) Trust Level Reporting planning group</u> Noted: In line with the government's transparency agenda, Trust level data would be included in the NJR 9th Annual Report, and a meeting had been arranged to discuss how this would be accomplished.</p> <p><u>b) Annual Report: Patient and Public Guide – launch event</u> RBe confirmed that the launch event had been organised for Friday 23rd March from 9.30 am – 2 pm at the Wellcome Collection. The purpose of the event would be to raise the profile of the NJR with patients, as well as form the first step in the patient engagement programme. The aim was to have approximately 40 orthopaedic patients/representatives attend the event. RBe would send out the event poster to NJRSC members, MB (for the ABHI) and JG (for the independent patient groups). Members were requested to nominate patient names to RBe. All members of the NJRSC were invited to attend and give support with patient engagement.</p>	<p>RBe</p> <p>All</p>
	<p>14.5. Research Sub-Committee (RSC)</p> <p>The next RSC meeting was being arranged and would be confirmed. AM gave the following update:</p> <ul style="list-style-type: none"> • Four research papers had been confirmed for publication following RSC review, three of which were from the NJR Research Fellows. • Three research requests were accepted, two of which were subject to the provision of the National Information Governance Board for Health and Social Care (NIGB) approval. Three further research requests were under review, one of which was a re-submission. • GPRD linkage was part of the existing NJR strategic plan. General Practice Research Database (GPRD) had funding available to extend its remit and was looking for a major linkage with the NJR data. Once the mechanics had been established a protocol and project plan would be developed followed by a pilot study which would be brought before the NJRSC for approval. Work on the mechanics was on-going. • Data collection for the one year PROMs study follow up had been completed. AM and 	<p>AM/AB</p>

	<p>AB would agree a plan to analyse the data and the results would be produced in the next few months. An update would be given at the next NJRSC.</p> <p>PG noted that the Research Fellows had worked very hard, and despite the initial issues, felt that it had been worthwhile. It was queried as to whether the fellows were being utilised effectively. PG stated that the papers and abstracts they were producing were being submitted to the top national journals and Orthopaedic bodies including, the British Orthopaedic Association (BOA), British Association for Surgery of the Knee (BASK) and the British Hip Society (BHS), with some of the abstracts being presented at the annual conferences and subsequently be developed into research papers.</p> <p>The future position of the NJR Research Fellows with regards to renewal and structure of the roles would be discussed at the next RSC.</p>	
	<p>14.6. Data Quality Group PG reported that the group had been formed and had its first meeting on 12th January where the membership of the group and Terms of Reference were agreed, which were: 'To explore methods of improving data capture and data quality'. They had then agreed that each Trust CEO would be written to, requesting them to confirm an individual who would complete the Trust's returns each year. This would be piloted through the RCC's initially. PG would keep the NJRSC updated.</p>	PG
15.	<p>Quarterly Statistics Report (QSR): Q3 2011/12 The QSR for Q3 was received and noted.</p>	
16.	<p>Quarterly Management Report (QMR): Q3 2011/12 The QMR for Q3 was received and noted. MS highlighted that the number of units submitting data to the NJR was gradually falling.</p>	
17.	<p>Any Other Business</p>	
	<p>17.1. NJRSC Clinical Representation It was confirmed that professional society representation on the NJRSC would be looked at as part of the NJR Governance and Structure review.</p> <p>17.2. Action plan for HES audit Agreed: MPo and RA would review the audit report and produce an action plan. Resources would be considered if Bristol were required to contribute.</p>	MPo/RA
18.	<p>Next meeting Tuesday 17th April, 10.30 am – 4 pm.</p>	